

<i>SERFF Tracking Number:</i>	<i>NALF-127356171</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of the Southwest</i>	<i>State Tracking Number:</i>	<i>49533</i>
<i>Company Tracking Number:</i>	<i>20010(0811)</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Benefit Responsive Rider</i>		
<i>Project Name/Number:</i>	<i>Benefit Responsive Rider/20010(0811)</i>		

Filing at a Glance

Company: Life Insurance Company of the Southwest

Product Name: Benefit Responsive Rider	SERFF Tr Num: NALF-127356171	State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 49533
Sub-TOI: A02I.002 Flexible Premium	Co Tr Num: 20010(0811)	State Status: Approved-Closed
Filing Type: Form	Authors: Junan Boldrey, Dionne Wills	Reviewer(s): Linda Bird
	Date Submitted: 08/11/2011	Disposition Date: 08/16/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Benefit Responsive Rider	Status of Filing in Domicile: Pending
Project Number: 20010(0811)	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This form is pending approval iin domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/16/2011
	State Status Changed: 08/16/2011
Deemer Date:	Created By: Dionne Wills
Submitted By: Dionne Wills	Corresponding Filing Tracking Number:
Filing Description:	
Arkansas Department of Insurance	

Submission: Enclosed for your review is a copy of the above referenced form. This is a new form and will not replace any existing form. This form has not been previously submitted to your department.

Readability Statistics: The rider has a Flesch Readability Score of 53.2.

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<i>Company Tracking Number:</i>	<i>20010(0811)</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Benefit Responsive Rider</i>		
<i>Project Name/Number:</i>	<i>Benefit Responsive Rider/20010(0811)</i>		

Description: The rider provides waiver of all Withdrawal Charges upon surrender if five defined requirements are met:

- a. The Policy has been in force for at least five years; and
- b. The Annuitant's age on his or her last birthday is equal to or greater than the Minimum Age for Waiver identified in the Rider Data; and
- c. All policy loans, if any, have been repaid; and
- d. The withdrawal is legally permitted; and
- e. One or more of the following three conditions are met:
 - i. The Annuitant becomes disabled within the meaning of IRC Section 72(m)(7) after the Issue Date of the Policy; the Owner notifies us in writing of the disability prior to receiving the withdrawal; and the Owner provides proof of the disability in a form acceptable to Us;
 - ii. The Annuitant has separated from service from the employer sponsoring the retirement plan to which this annuity is subject; or
 - iii. The Annuitant is engaged as a reservist in the United States military or any state National Guard, is called to active duty with such unit and, by reason of such duty, is eligible under the United States Internal Revenue Code for a distribution from this annuity exempt from any penalty tax.

The Market. LSW will offer the rider in IRC sections §401(k), §403(b), and §457 markets, although new markets could be added depending on changes of or additions to sections of the IRC.

Previously Approved Policy Forms the Rider will be used with. Several of our previously approved policy forms listed below may be used with this rider.

Description of Form	Form Number	Approval Date
Flexible Premium Equity-Indexed And Declared-Interest Deferred Annuity Policy	8891(0810)	10/23/2010
Flexible Premium Equity-Indexed And Declared-Interest Deferred Annuity Policy	8893(1210)	02/08/2011
Flexible Premium Equity-Indexed And Declared-Interest Deferred Annuity Policy	8894(1210)	12/09/2010
Flexible Premium Equity-Indexed And Declared-Interest Deferred Annuity Policy	8895(1110)	11/29/2010
Flexible Premium Equity-Indexed And Declared-Interest Deferred Annuity Policy	7967	05/12/2010
Flexible Premium Equity-Indexed And Declared-Interest Deferred Annuity Policy	7997	05/24/2010
Flexible Premium Equity-Indexed And Declared-Interest Deferred Annuity Policy	7916	05/04/2005

SERFF Tracking Number: NALF-127356171 State: Arkansas
Filing Company: Life Insurance Company of the Southwest State Tracking Number: 49533
Company Tracking Number: 20010(0811)
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Benefit Responsive Rider
Project Name/Number: Benefit Responsive Rider/20010(0811)

Flexible Premium Equity-Indexed And
Declared-Interest Deferred Annuity Policy 7918 05/04/2005
Flexible Premium Equity-Indexed And
Declared-Interest Deferred Annuity Policy 7920 05/27/2005
Flexible Premium Equity-Indexed And
Declared-Interest Deferred Annuity Policy 7927 08/29/2005
Flexible Premium Deferred Annuity Policy 7925 05/19/2005
Flexible Premium Deferred Annuity Policy 7930 05/19/2005
Flexible Premium Deferred Annuity Policy 7945 05/19/2005
Flexible Premium Deferred Annuity Policy 7935 05/27/2005
Flexible Premium Deferred Annuity Policy 7940 05/19/2005
Flexible Premium Deferred Annuity Policy 7934 07/12/2007

Statement of Variability. A Statement of Variability disclosing the rider's variable elements that are bracketed is enclosed.

Actuarial Requirements. A Memorandum addressing compliance of the form with the Standard Valuation Law and the Standard Non-forfeiture Law for Deferred Annuities is enclosed.

Company and Contact

Filing Contact Information

Junan Boldrey, Manager, Policy Filings, jboldrey@nationallife.com
Retirement Division
15455 Dallas Parkway 800-543-3794 [Phone] 9316 [Ext]
Suite 800 214-638-9196 [FAX]
Addison, TX 75001

Filing Company Information

Life Insurance Company of the Southwest CoCode: 65528 State of Domicile: Texas
15455 Dallas Parkway Group Code: 634 Company Type:
Suite 800 Group Name: National Life Group State ID Number: 1117
Addison, TX 75001 FEIN Number: 75-0953004
(214) 638-9316 ext. [Phone]

SERFF Tracking Number: NALF-127356171 State: Arkansas
Filing Company: Life Insurance Company of the Southwest State Tracking Number: 49533
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TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Benefit Responsive Rider
Project Name/Number: Benefit Responsive Rider/20010(0811)

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Domicile filing fee is 100.00.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of the Southwest	\$100.00	08/11/2011	50554419

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/16/2011	08/16/2011

<i>SERFF Tracking Number:</i>	<i>NALF-127356171</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Benefit Responsive Rider</i>		
<i>Project Name/Number:</i>	<i>Benefit Responsive Rider/20010(0811)</i>		

Disposition

Disposition Date: 08/16/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NALF-127356171</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>20010(0811)</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Benefit Responsive Rider</i>		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability- Benefit Responsive Rider		Yes
Supporting Document	Certification of Complinance		Yes
Form	Benefit Responsive Rider		Yes

SERFF Tracking Number: NALF-127356171 State: Arkansas

Filing Company: Life Insurance Company of the Southwest State Tracking Number: 49533

Company Tracking Number: 20010(0811)

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable

Product Name: Benefit Responsive Rider

Project Name/Number: Benefit Responsive Rider/20010(0811)

Form Schedule

Lead Form Number: 20010(0811)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	20010(0811)	Policy/Cont Benefit Responsive ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.200	20010(0811).pdf

BENEFIT RESPONSIVE RIDER

Life Insurance Company of the Southwest [www.lifeofswsouthwest.com]
[1300 West Mockingbird Lane, Dallas, Texas 75247-4921] [Customer Service 1-800-579-2878]

RIDER DATA

Internal Revenue Code Section	[457]
Minimum Age for Waiver	[55]

PART 1: POLICY VALUES

This Rider modifies the Policy to which it is attached.

We will waive the applicable Withdrawal Charge for any Total or Partial withdrawal You take, as long as the Policy continues to qualify under the Internal Revenue Code Section identified in the Rider Data, where such amounts are paid directly to You or, if You so authorize, to the Annuitant if You are not the Annuitant, if:

- The Policy has been in force for at least five years; and
- The Annuitant's age on his or her last birthday is equal to or greater than the Minimum Age for Waiver identified in the Rider Data; and
- All Policy loans, if any, have been repaid; and
- The withdrawal is legally permitted; and
- One or more of the following conditions are met:
 1. The Annuitant becomes disabled within the meaning of IRC Section 72(m)(7) after the Issue Date of the Policy; You notify us in writing of the disability prior to receiving the withdrawal;
 2. The Annuitant has separated from service from the employer sponsoring the retirement plan to which this annuity is subject; or
 3. The Annuitant is engaged as a reservist in the United States military or any state national guard, is called to active duty with such unit and, by reason of such duty, is eligible under the United States Internal Revenue Code for a distribution from this annuity exempt from any penalty tax.

You must provide Us proof of having met the condition(s) in a form acceptable to Us.

In the event of the Annuitant's death, Withdrawal Charges are waived in the calculation of the Death Benefit (see the Death Benefits provision in the Policy).

PART 2: RIDER CHARGES

There are no charges for this Rider.

PART 3: RIDER TERMINATION

This Rider terminates upon the termination of the Policy to which it is attached.

PART 4: GENERAL PROVISIONS

This Rider is part of the Policy to which it is attached. The Rider is subject to all terms, conditions, and provisions contained in the Policy. The provisions of this Rider apply in lieu of any Policy provision to the contrary.


The provisions of this Rider begin on the Policy's Issue Date.

This Rider has no cash value or loan value.

All terms not defined in this Rider refer to the terms as used in the Policy.

In all other respects, the Policy's provisions remain unchanged.

SIGNED FOR LIFE INSURANCE COMPANY OF THE SOUTHWEST



James L. McQuarrie
Secretary

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Product Name: Benefit Responsive Rider
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: 20010(0811) AR Read Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: We will use previously approved application 7909, approved in Arkansas on April 30, 2001.		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Actuarial Memo Comments: Attachment: BR Actuarial Memorandum 20110805 signed.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability- Benefit Responsive Rider Comments: Attachment: 20010(0811) SOV.pdf		

	Item Status:	Status Date:
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<i>Project Name/Number:</i>	<i>Benefit Responsive Rider/20010(0811)</i>		
Satisfied - Item:	Certification of Compliance		
Comments:			
Attachment:			
20010(0811) AR Certification of Compliance.pdf			

STATE OF ARKANSAS
DEPARTMENT OF INSURANCE
READABILITY CERTIFICATION

Arkansas Rule ACA 23-80-206

Company Name Life Insurance Company of the Southwest **NAIC #** 65528,

hereby certifies that the following form(s) achieve a Flesch reading ease test score of:

FORM NUMBER

FLESCH SCORE

20010(0811)

53.2



Digitally signed by Michael Ward
Date: 2011.08.09 15:28:37
-05'00'

Signature

Michael C. Ward, FSA, MAAA, Vice President- Actuarial

August 9, 2011

Date

Form No. 20010(0811) - Statement of Variability

Variables for the street address, website address, and phone number – these items are subject to change.

Variables for the officer title and signature – signature of the officer currently holding that title. In the event the title of the officer signing the form changes, any new title utilized will be the title of an officer of the company.

Variables for the Internal Revenue Code Sections

- §401(k)
- §403(b)
- §457

Variables for the Minimum Age Waiver

- The value chosen for the Minimum Age for Waiver may change from time to time and may vary by market/IRC section. No age will be less than 18 nor greater than 60. Intended values are currently age 18 for IRC sections other than §403(b) and age 55 for §403(b). The choice and use of Minimum Age for Waiver will not discriminate unfairly.

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT



I, Michael C. Ward, FSA, MAAA
(Name)

Vice President, Actuarial of
(Title of Authorized Officer)

Life Insurance Company of the Southwest
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate

corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.


4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ► Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number 20010(0811)

Signature of Authorized Officer ►		Digitally signed by Michael Ward Date: 2011.08.09 15:29:35 -05'00'
Name of Authorized Officer ►	Michael C. Ward, FSA, MAAA	
Title of Authorized Officer ►	Vice President, Actuarial	
Email address of Authorized Officer ►	mward@nationallife.com	
Telephone # of Authorized Officer ►	214- 638-9129	Date:08/09/2011

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@arkansas.gov AID PC SelfCert (4/30/03)